

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 1400 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Grieten

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 16 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, U. S. Steps

Birth Place, { State or country, and how long in the United States, if of foreign birth. } U. S. Steps

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 929 Leadenhall

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infant.
Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 18th/87

Undertaker, G. F. Krauss G. F. Krauss M. D. Medical Attendant.

Place of Business, 203 Hanover Address, 9 E. Mount Vernon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1411 Office of Registrar of Vital Statistics. Ward 14 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore City July 17. 87

Full Name of Deceased, Catharine Benson { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 1/2 Years, 3 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seam's matches

Birth Place, Maryland Queen Anne's Co. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 47 years

Place of Death, #732 Lowell Court { Give Street and Number. }

Cause of Death, Apoplexy Aponoia { First (Primary), Second (Immediate), }

Duration of Last Sickness, over hour and half

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 19

Undertaker, B. Hall Chas. W. Pfeffer M. D. Medical Attendant.

Place of Business, 115 West Address, #48 E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following notice, and to the fact that the same is published in the Baltimore City Health Department.

Health Department, City of Baltimore.

Permit No. A 1402 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emerson Tucker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 13 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 92 Pearl Street,

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Heat,

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, July 18th 1887

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St. Address, 94 Madison Ave.

Nellie V. Mark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1403 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hand Fernina Lipton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 11 Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give Street and Number. } No 1210 Mulberry St.

Cause of Death, { First (Primary), Acute Meningitis

{ Second (Immediate), Convulsions & Exhaustion

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, July 18th 1887

{ Undertaker, M. Cadogan } G. J. Jones M. D. Medical Attendant.

{ Place of Business, 227 Mulberry St. } Address, 68 P. W. Taylor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1404* Office of Registrar of Vital Statistics.

Ward *4*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Jul 17 - 1887*
Full Name of Deceased, *Joseph Tranterine* { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, *Male* { Cross out the word not required in this line. }
Age, *2* Years, *2* Months, *2* Days.
Color, *white*
Married, Single, Widow or Widower, *Single* { Cross out the words not required in this line. }
Occupation, *nil*
Birth Place, *Balt.* { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, *lifetime*
Place of Death, *4102 Front* { Give Street and Number. }
Cause of Death, *Cholera Infantum* { First (Primary), Second (Immediate), }
2 months
Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Redeemer*

Date of Burial, *July 19th*

{ Undertaker, *Wm. Schaeffer*

{ Place of Business, *8th S Front St*

D. Stahl

M. D.

Medical Attendant.

Address, *403 N. Eater*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1405 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 - 1887

Full Name of Deceased, Henry Trautwine
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 16 Years, 16 Months, 16 Days.

Color, white

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, ind

Birth Place, Balt.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, lifetime

Place of Death, 410 N. Front -
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }
asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery Trapp Road

Date of Burial, July 18th

{ Undertaker, Wm. Schaeffer D. Smith M. D.
Medical Attendant.

{ Place of Business, # 8. S. Front St Address, 403 N. Euter 4

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1406 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17/1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Burger

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 30 Years, One Months, 7 Days.

Color, white

Married, ~~Single~~ Widow, { Cross out the words not required in this line. }

Occupation, House wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 224 S. Spring St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhausted by heat.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Airy Cemetery

Date of Burial, July 18

Undertaker, Wm. J. Schaeffer

Place of Business, 8 S Front St Address, 439 N. Central Ave

H. O. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. A 1407 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillie E. Kesmodel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } W. Va.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and Number. } Malaria fever 572 Wilson

Cause of Death, { First (Primary), Malaria fever Second (Immediate), Malaria fever }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 18th 1887

{ Undertaker, J. E. Brough Medical Attendant, H. Christian M. D. }

{ Place of Business, 1408 Benning Ave Address, 1821 Mad. Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1408 Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, Hamlet J. Duvall

Sex, Male or Female, required in this line.

Age, 1 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, required in this line.

Occupation, nil

Birth Place, Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, 167 Elliott St

Cause of Death, Scarlet Fever
Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, July 18th 1887

Undertaker, John C. Schuch D.W. Jones M. D.

Place of Business, 260 Alice St 224 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1409 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, Kennetha McK
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Butcher

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1020 E. 1st St
{ Give Street and Number. }

Cause of Death, Apoplexy
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemetery

Date of Burial, July 19th 1887

Undertaker, E. J. Williams M. D.

Place of Business, 382 E. 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]